



**UTAH**  
**AMBULATORY**  
**SURGERY**  
**DATABASE**

**2005**  
**PUBLIC - USE DATA FILE**  
**USER MANUAL**

**Version I**  
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**UTAH HEALTH DATA COMMITTEE**  
**OFFICE OF HEALTH CARE STATISTICS**  
**UTAH DEPARTMENT OF HEALTH**

288 NORTH 1460 WEST, Box 144004  
SALT LAKE CITY, UTAH 84114- 4004  
Phone: (801) 538- 6700  
Fax: (801) 538- 9916  
Webpage: [health.utah.gov/hda](http://health.utah.gov/hda)

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## INTRODUCTION

### Utah Health Data Committee

The Utah Health Data Committee, composed of 13 governor-appointed members, was created through the Utah Health Data Authority Act of 1991. The Committee is staffed by the Office of Health Care Statistics, which manages the Utah Ambulatory Surgery Database.

### Utah Ambulatory Surgery Database

Administrative Rule R428.11 became effective in March, 1998, mandating that all Utah licensed hospital and freestanding ambulatory surgical facilities shall report information on selected ambulatory surgeries, beginning with January 1, 1996. The database contains the consolidated information on complete billing, medical codes, and personal characteristics describing a patient, the services received, and charges billed for each visit for a selected subset of ambulatory surgical procedures. **Sixty-five** Utah ambulatory surgical facilities submitted data in 2005. Milford Valley Memorial Hospital and Salt Lake Endoscopy Center submitted no ambulatory surgery data in 2005. **Starting with the 2005 Database we are including fields from the 3M Ambulatory Patient Groups software (V2.1) including procedure APG, procedure APG type and procedure APG category corresponding to any reported CPT-4 procedure.**

### Selected Ambulatory Surgeries Reported in Utah

Only the following CPT-4 (Current Procedural Terminology) or ICD-9-CM (International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification) surgical procedure codes are reported, whether or not they are the principal procedure:

#### TYPES OF SURGICAL SERVICES SUBMITTED IF PERFORMED IN OPERATING OR PROCEDURE ROOM

DESCRIPTION	CPT-4 CODES	ICD-9-CM PROCEDURE CODES
Mastectomy	19120-19220	85.0-85.99
Musculoskeletal	20000-29909	76.0-84.99
Respiratory	30000-32999	30.0-34.99
Cardiovascular*	33010-37799	35.0-39.99
Lymphatic/Hematic	38100-38999	40.0-41.99
Digestive System*	40490-49999	42.0-54.99
Urinary	50010-53899	55.0-59.99
Male Genital	54000-55899	60.0-64.99
Female Genital	56405-58999	65.0-71.99
Endocrine/Nervous	60000-64999	01.0-07.99
Eye	65091-68889	08.0-16.99
Ear	69000-69979	18.0-20.99
Nose, Mouth, Pharynx	CPT Codes in Musculoskeletal & Respiratory	21.0-29.99
Heart Catheterization	93501-93660	ICD-9 Codes in Cardiovascular

\* See Notes on page 3 for exceptions added to the CPT-4 list.

### **Public-Use Data Files (PDF)**

The Ambulatory Surgery Public-Use Data Files are designed to provide general health care information to a wide spectrum of users with minimal controls. A request for a PDF can be approved by the Director of the Health Care Statistics without further review.

Two different public data files are released for 2005 ambulatory surgery data (see page 5 for data elements and file descriptions).

### **Data Processing and Quality**

Data submission: The Health Data Plan provides data element definitions to ensure all hospitals will report similar data. The Office of Health Care Statistics receives discharge data quarterly from ambulatory surgical facilities in various formats and media. The data are converted into a standardized format.

System Edits: The data are validated through a process of automated editing and report verification. Each record is subjected to a series of edits that check for accuracy, consistency, completeness, and conformity with the definitions specified in the Data Submittal Manual. Records failing the edit check are returned to the data supplier for correction or comment.

Facility Reviews: Each facility is provided with a 35-day review periods to validate the compiled data against their facility records. Any inconsistencies discovered by the facilities are reevaluated or corrected.

Missing Values: When dealing with unknown values, it is important to distinguish between *systematic* omission by the facility (e.g., for facilities that were granted reporting exemption for particular data elements or which had coding problems that deemed the entire data from the facility unusable), and *non-systematic* omission (e.g., coding problems, invalid codes, etc.). While systematic omission creates potential bias, non-systematic omission is assumed to occur randomly. The user is advised to examine missing values by facility for each data element to be used. The user is likewise advised to examine the number of observations by facility by quarter to judge if a facility under-reported for a given quarter, which occasionally happens due to data processing problems experienced by a facility.

### **Patient Confidentiality**

The Committee has taken considerable efforts to ensure that no individual patient could be identified from the PDF. Patient age and payers are grouped. Utah residential zip codes with less than 30 visits in a calendar year are grouped into county abbreviations, and outside Utah zip codes with less than 30 visits are grouped in state abbreviations.

### **Agreement to Protect Patient Confidentiality**

The data collected by the Utah Health Data Committee may be used only for the purpose of health statistical reporting and analysis or as specified in the user's written request for the data; any effort to determine the identity of any reported cases is prohibited. No one will attempt to link this data set with individually identifiable records from any other data sets.

### **Notes on the 2005 Ambulatory Surgery Data**

This is the **tenth year** of statewide reporting of ambulatory surgery data in the state of Utah. Data suppliers' information systems vary considerably, as **do** data formats. Facility-to-facility comparisons are not encouraged for the first four years of data. Comparing hospital-based to freestanding surgery center facilities **are** especially challenging due to the differences in billing practice and general operations. Coding practices and formats are evolving over time as the data suppliers adapt to this new statewide reporting requirement.

The data are collected from two types of facilities: hospital-based ambulatory surgery centers (hospitals) and freestanding ambulatory surgery centers (FASCs.) These facilities varied in their reporting of procedure codes in 2005. Most hospital-based surgery centers reported both ICD9 and CPT4 procedure codes, while most freestanding ambulatory surgery centers report CPT4 procedure codes. There is no effective "crosswalk" tool to translate or compare these two procedure coding methods. Therefore, the user will have to be careful in how these data are used. Administrative Rule R428-11 was revised to require reporting of both ICD9 and CPT4 procedure codes starting with the surgeries performed in 1998.

The data include a variable which indicates whether each data record contains only ICD9 codes, only CPT4 codes, or both. The data analyst will find it helpful to compute a cross-tabulation table of facility by this variable (Provider Identifier by Procedure Code Type).

For procedure codes, there is no CPT code that can be used as a PRIMARY procedure code unless it is the only CPT code in a record or if all CPT codes reported on a single record are the same.

The CPT-4 and ICD-9 Procedure Code List found in the Types of Surgical Services Submitted table on page 1 is used as inclusion criteria for this data. Additional non-ambulatory codes that may be submitted are included in this database prior to 2005 but are not comparable across facilities because they are not submitted uniformly. Any analysis and reporting of this data should be limited to comparable ambulatory codes on this Procedure Code List. **Starting with 2005, we have attempted to only include procedures found in the Procedure Code list except as noted below. In addition we have added additional 3M Ambulatory Procedure Groups fields that may aid in analysis. The procedure APG type of "01=Significant Procedure" can be used as a guide to help determine which CPT-4 procedures are truly surgical/diagnostic in the database.**

**Starting with 2005, the Blood Draw related CPT-4 codes "36000", "36415", and "36600" were removed from the inclusion criteria and are not considered Cardiovascular procedures. In addition, the temporary HCPCS Level II Colorectal cancer screening colonoscopy codes "G0104", "G0105", "G0106", "G0120", and "G0121" were added to the list for the Digestive System procedures and are retained in the database if reported.**

**Data Format**

Standard format for the public data file is fixed ASCII code on a CD-Rom. Requests for other formats, such as a SAS data set, will be considered.

**Citation**

Any statistical reporting or analysis based on the data shall cite the source as the following:

*Utah Ambulatory Surgical Data File (2005)*. Utah Health Data Committee/Office of Health Care Statistics. Utah Department of Health. Salt Lake City, Utah. **2006**.

**Redistribution:**

Users shall not redistribute the Utah Ambulatory Surgical Data File in its original format. Users shall not redistribute any data products derived from the file without written permission from the Office of Health Care Statistics, Utah Department of Health.

# FILE LAYOUT

**RECORD LAYOUT OF PUBLIC USE DATA FILE I (2005.1)**

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...	9
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21	11
3	Patient's gender	Char	1	7 - 7	M,F	12
4	Source of admission	Char	1	8 - 8	1,2,...	12
5	Patient's discharge status	Char	2	9 - 10	01,02,...	13
6	Patient's postal zip code	Char	5	11 - 15	84000, AZ	13
7	Patient's residential county	Num	3	16 - 18	1,2,...	16
8	Patient cross-county migration	Char	1	19 - 19	Y,N	18
9	< blank >		1	20 - 20		
10	Principal diagnosis code	Char	5	21 - 25	8180,81513	18
11	Secondary diagnosis code 1	Char	5	26 - 30	8180,81513	18
12	Secondary diagnosis code 2	Char	5	31 - 35	8180,81513	18
13	Secondary diagnosis code 3	Char	5	36 - 40	8180,81513	18
14	Secondary diagnosis code 4	Char	5	41 - 45	8180,81513	18
15	Procedure 1 as CPT	Char	9	46 - 54	56399, 38100	19
16	Procedure 2 as CPT	Char	9	55 - 63	56399, 38100	19
17	Procedure 3 as CPT	Char	9	64 - 72	56399, 38100	19
18	Procedure code type	Num	3	73 - 75	0,1,2	19
19	Total charge	Num	10	76 - 85	498.68	20
20	Primary payer category	Char	2	86 - 87	01,02,...	20
21	Secondary payer category	Char	2	88 - 89	01,02,...	20
22	Tertiary payer category	Char	2	90 - 91	01,02,...	20
23	< blank >		3	92 - 94		
24	Discharge quarter	Char	1	95 - 95	1,2,3,4	20
25	Record ID number	Num	10	96 - 105	25000010	20
26	Secondary diagnosis code 5	Char	5	106 - 110	8180,81513	18
27	Secondary diagnosis code 6	Char	5	111 - 115	8180,81513	18
28	Secondary diagnosis code 7	Char	5	116 - 120	8180,81513	18
29	Secondary diagnosis code 8	Char	5	121 - 125	8180,81513	18
30	Procedure 4 as CPT	Char	9	126 - 134	56399, 38100	19
31	Procedure 5 as CPT	Char	9	135 - 143	56399, 38100	19
32	Procedure 6 as CPT	Char	9	144 - 152	56399, 38100	19
33	1st procedure category	Num	2	153 - 154	0,1,2,...	21
34	2nd procedure category	Num	2	155 - 156	0,1,2,...	21
35	3rd procedure category	Num	2	157 - 158	0,1,2,...	21
36	4th procedure category	Num	2	159 - 160	0,1,2,...	21
37	5th procedure category	Num	2	161 - 162	0,1,2,...	21
38	6th procedure category	Num	2	163 - 164	0,1,2,...	21
39	Procedure 1 as ICD9	Char	4	165 - 168	480,9711	19
40	Procedure 2 as ICD9	Char	4	169 - 172	480,9711	19
41	Procedure 3 as ICD9	Char	4	173 - 176	480,9711	19
42	Procedure 4 as ICD9	Char	4	177 - 180	480,9711	19
43	Procedure 5 as ICD9	Char	4	181 - 184	480,9711	19
44	Procedure 6 as ICD9	Char	4	185 - 188	480,9711	19
	(Continued)					

\*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

\*\*Column position (if data requested as ASCII file)



**RECORD LAYOUT OF PUBLIC USE DATA FILE I (2005.1) cont'd**

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
45	Procedure APG 1	Char	3	189 - 191	000, 001,...,999	22
46	Procedure APG 2	Char	3	192 - 194	000, 001,...,999	22
47	Procedure APG 3	Char	3	195 - 197	000, 001,...,999	22
48	Procedure APG 4	Char	3	198 - 200	000, 001,...,999	22
49	Procedure APG 5	Char	3	201 - 203	000, 001,...,999	22
50	Procedure APG 6	Char	3	204 - 206	000, 001,...,999	22
51	Procedure APG Type 1	Char	2	207 - 208	01,02,...,12	28
52	Procedure APG Type 2	Char	2	209 - 210	01,02,...,12	28
53	Procedure APG Type 3	Char	2	211 - 212	01,02,...,12	28
54	Procedure APG Type 4	Char	2	213 - 214	01,02,...,12	28
55	Procedure APG Type 5	Char	2	215 - 216	01,02,...,12	28
56	Procedure APG Type 6	Char	2	217 - 218	01,02,...,12	28
57	Procedure APG Category 1	Char	2	219 - 220	01,02,...,46	28
58	Procedure APG Category 2	Char	2	221 - 222	01,02,...,46	28
59	Procedure APG Category 3	Char	2	223 - 224	01,02,...,46	28
60	Procedure APG Category 4	Char	2	225 - 226	01,02,...,46	28
61	Procedure APG Category 5	Char	2	227 - 228	01,02,...,46	28
62	Procedure APG Category 6	Char	2	229 - 230	01,02,...,46	28

\*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

\*\*Column position (if data requested as ASCII file)

**RECORD LAYOUT OF PUBLIC USE DATA FILE III (2005.3)**

	DATA ELEMENT	TYPE*	WIDTH	POSITION** From To	EXAMPLE VALUES	Pg
1	Provider identifier (hospital)	Char	3	1 - 3	101, 102, ...	9
2	Patient's age (in categories)	Num	3	4 - 6	0,1,...,21	11
3	Patient's gender	Char	1	7 - 7	M,F	12
4	Patient's discharge status	Char	2	8 - 9	01,02,...	13
5	Patient's residential county	Num	3	10 - 12	1,2,...	16
6	Principal diagnosis code	Char	5	13 - 17	8180,81513	18
7	Procedure 1 as CPT	Char	9	18 - 26	56399,38100	19
8	Procedure 2 as CPT	Char	9	27 - 35	56399,38100	19
9	Procedure 3 as CPT	Char	9	36 - 44	56399,38100	19
10	Procedure code type	Num	3	45 - 47	0,1,2	19
11	Total charge	Num	10	48 - 57	498.68	20
12	Primary payer category	Char	2	58 - 59	01,02,...	20
13	Record ID number	Num	10	60 - 69	25000010	20
14	1st procedure category	Num	2	70 - 71	0,1,2,...	21
15	2nd procedure category	Num	2	72 - 73	0,1,2,...	21
16	3rd procedure category	Num	2	74 - 75	0,1,2,...	21
17	Procedure 1 as ICD9	Char	4	76 - 79	480,9711	19
18	Procedure 2 as ICD9	Char	4	80 - 83	480,9711	19
19	Procedure 3 as ICD9	Char	4	84 - 87	480,9711	19

\*Variable Type (if data requested as SAS data set): Char=Character, Num=Numeric

\*\*Column position (if data requested as ASCII file)



# DESCRIPTION OF DATA ELEMENTS

**Provider Identifier** (see Appendix A for alphabetized facility characteristics)

Facility from which patient was discharged (facility name in 2005)

- 101 = BEAVER VALLEY HOSPITAL
- 102 = MILFORD VALLEY MEMORIAL HOSPITAL (no ambulatory surgery patients discharged in 2005)
- 103 = BRIGHAM CITY COMMUNITY HOSPITAL
- 104 = BEAR RIVER VALLEY HOSPITAL
- 105 = LOGAN REGIONAL HOSPITAL
- 106 = CASTLEVIEW HOSPITAL
- 107 = LAKEVIEW HOSPITAL
- 108 = DAVIS HOSPITAL & MEDICAL CENTER
- 109 = UTAH BASIN MEDICAL CENTER
- 110 = GARFIELD MEMORIAL HOSPITAL AND CLINICS
- 111 = ALLEN MEMORIAL HOSPITAL
- 112 = VALLEY VIEW MEDICAL CENTER
- 113 = CENTRAL VALLEY MEDICAL CENTER
- 114 = KANE COUNTY HOSPITAL
- 115 = FILLMORE COMMUNITY MEDICAL CENTER
- 116 = DELTA COMMUNITY MEDICAL CENTER
- 117 = JORDAN VALLEY HOSPITAL
- 118 = ALTA VIEW HOSPITAL
- 119 = COTTONWOOD HOSPITAL MEDICAL CENTER
- 120 = SALT LAKE REGIONAL MEDICAL CENTER
- 121 = LDS HOSPITAL
- 122 = PRIMARY CHILDREN'S MEDICAL CENTER
- 124 = ST. MARK'S HOSPITAL
- 125 = UNIVERSITY OF UTAH HOSPITALS & CLINICS
- 126 = PIONEER VALLEY HOSPITAL
- 128 = SAN JUAN COUNTY HOSPITAL
- 129 = GUNNISON VALLEY HOSPITAL
- 130 = SANPETE VALLEY HOSPITAL
- 132 = SEVIER VALLEY HOSPITAL
- 133 = MOUNTAIN WEST MEDICAL CENTER (formerly TOOELE VALLEY REGIONAL MEDICAL CENTER)
- 134 = ASHLEY VALLEY MEDICAL CENTER
- 135 = OREM COMMUNITY HOSPITAL
- 136 = AMERICAN FORK HOSPITAL
- 137 = MOUNTAIN VIEW HOSPITAL
- 138 = UTAH VALLEY REGIONAL MEDICAL CENTER
- 139 = HEBER VALLEY MEDICAL CENTER (beginning Nov 99)
- 140 = DIXIE REGIONAL MEDICAL CENTER
- 141 = MCKAY-DEE HOSPITAL CENTER
- 142 = OGDEN REGIONAL MEDICAL CENTER
- 144 = TIMPANOGOS REGIONAL HOSPITAL
- 145 = CACHE VALLEY SPECIALTY HOSPITAL (opened 4<sup>th</sup> quarter 2000)
- 307 = THE ORTHOPEDIC SPECIALTY HOSPITAL
- 309 = UNIVERSITY OF UTAH ORTHOPAEDIC CENTER
- 310 = UNIVERSITY OF UTAH HUNTSMAN CANCER HOSPITAL
- 401 = CENTRAL UTAH SURGICAL CENTER
- 403 = INTERMOUNTAIN SURGICAL CENTER
- 404 = MCKAY-DEE SURGICAL CENTER
- 405 = HEALTHSOUTH PROVO SURGICAL CENTER
- 406 = SALT LAKE ENDOSCOPY CENTER
- 407 = HEALTHSOUTH SALT LAKE SURGICAL CENTER
- 408 = ST. GEORGE SURGICAL CENTER

409 = ST. MARK'S OUTPATIENT SURGICAL CENTER  
 410 = SURGICARE CENTER OF UTAH  
       2nd floor (surgical floor) of The Eye Institute of Utah  
 411 = WASATCH ENDOSCOPY CENTER  
 412 = MADSEN SURGERY CENTER (Formerly WASATCH SURGERY CENTER)  
 413 = WESTERN MEDICAL SURGICAL CENTER  
       (Beginning 4th quarter 2000, in the west wing of Cache Valley Specialty Hospital)  
 414 = MOUNT OGDEN SURGICAL CENTER  
 415 = DAVIS SURGICAL CENTER  
 416 = MORAN EYE CENTER  
 417 = SOUTH TOWNE SURGICAL CENTER  
 418 = HEALTHSOUTH PARK CITY SURGICAL CENTER  
 419 = NORTHERN UTAH ENDOSCOPY CENTER  
 420 = RIDGELINE ENDOSCOPY CENTER  
 421 = ZION EYE INSTITUTE  
 422 = UTAH SURGICAL CENTER  
 423 = CORAL DESERT SURGERY CENTER  
 424 = MOUNTAIN WEST SURGICAL CENTER

### **Patient's Age (as of last birthday) at the Date of Discharge**

0 = 1 - 28 days  
 1 = 29 -365 days  
 2 = 1 - 4 years  
 3 = 5 - 9  
 4 = 10 - 14  
 5 = 15 - 17  
 6 = 18 - 19  
 7 = 20 - 24  
 8 = 25 - 29  
 9 = 30 - 34  
 10 = 35 - 39  
 11 = 40 - 44  
 12 = 45 - 49  
 13 = 50 - 54  
 14 = 55 - 59  
 15 = 60 - 64  
 16 = 65 - 69  
 17 = 70 - 74  
 18 = 75 - 79  
 19 = 80 - 84  
 20 = 85 - 89  
 21 = 90 +  
 99 = Unknown  
 blank = Not reported

### **Patient's Gender**

M = Male  
 F = Female  
 U = Unknown  
 Blank = Not reported

## Source of Admission

1 = Physician Referral

The patient was admitted to this facility upon the recommendation of his or her personal physician. (See code 3 if the physician has an HMO affiliation.)

2 = Clinic Referral

The patient was admitted to this facility upon recommendation of this facility's clinic physician.

3 = HMO referral

The patient was admitted to this facility upon the recommendation of a health maintenance organization (HMO) physician.

4 = Transfer from a hospital

The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.

5 = Transfer from a skilled nursing facility

The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.

6 = Transfer from another health care facility

The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or skilled nursing facility.

7 = Emergency Department

The patient was admitted to this facility upon the recommendation of this facility's Emergency Department physician.

8 = Court/Law enforcement

The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.

9 = Information not available

The means by which the patient was admitted to this hospital is not known.

Blank = Not reported

## Patient's Discharge Status

01 = Discharge to home or self care, routine discharge  
02 = Discharge/transferred to another short-term general hospital  
03 = Discharge/transferred to skilled nursing facility  
04 = Discharge/transferred to an intermediate care facility  
05 = Discharged/transferred to another type of institution  
06 = Discharge/transferred to home under care of organized home health service organization  
07 = Left against medical advice  
08 = Discharged/transferred to home under care of a home IV provider  
20 = Expired  
40 = Expired at home  
41 = Expired in a medial facility; i.e. hospital, skilled nursing facility, intermediate care facility, or free standing hospice  
42 = Expired - place unknown  
43 = Discharged to federal facility  
50 = Discharged/transferred to hospice - home  
51 = Discharged/transferred to hospice – medical facility  
61 = Discharged/transferred within institution to hospital based Medicare swing bed  
62 = Discharged/transferred to another rehab facility including distinct part units in hospital  
63 = Discharged/transferred to a long term care hospital  
64 = Discharged/transferred to a nursing facility certified under Medicaid but not certified under Medicare  
**65 = Discharged/transferred to a psychiatric facility**  
71 = Discharged/transferred/referred to another institution for outpatient (as per plan of care)  
72 = Discharged/transferred/referred to this institution for outpatient services (as per plan of care)  
09 = Unknown  
Blank = Not reported

## Patient's Residential Postal Zip Code

84000-84799 = Zip codes in Utah  
-4444=Homeless (word homeless or homeless code of ZZZZZ given as address)  
-5555=Unknown Utah (Unknown/invalid zip code with Utah address)  
(Note: If the city is present in the address but the zip code is not, the zip code variable is coded as -5555 while the county variable is coded with the actual county identifier)  
-8888=Unknown (completely missing address information)  
-9999=Outside U.S.A. (foreign address)

Helpful Hint: A quick way to identify the city associated with a zip code is to use the United States Postal Service website:  
[http://www.usps.gov/ncsc/lookups/lookup\\_ctystzip.html](http://www.usps.gov/ncsc/lookups/lookup_ctystzip.html)

If less than 30 encounters occurred for a Utah zip code area, this zip code was mapped into the county code:

Beave = Beaver  
BoxEI = Box Elder

Cache = Cache  
Carbo = Carbon  
Dagge = Daggett  
Davis = Davis  
Duche = Duchesne  
Emery = Emery  
Garfi = Garfield  
Iron = Iron  
Milla = Millard  
Morga = Morgan  
MulCo = Multi-county (no longer used)  
Piute = Piute  
Rich = Rich  
SaltL = Salt Lake  
SanJu = San Juan  
Sanpe = Sanpete  
Sevie = Sevier  
Summi = Summit  
Tooel = Tooele  
Uinta = Uintah  
Washi = Washington  
Wayne = Wayne  
Weber = Weber

If less than 30 encounters occurred for a non-Utah zip code area, this zip code was mapped into the state code:

AL = ALABAMA  
AK = ALASKA  
AZ = ARIZONA  
AR = ARKANSAS  
CA = CALIFORNIA  
CO = COLORADO  
CT = CONNECTICUT  
DE = DELAWARE  
DC = DISTRICT OF COLUMBIA  
FL = FLORIDA  
GA = GEORGIA  
HI = HAWAII  
ID = IDAHO  
IL = ILLINOIS  
IN = INDIANA  
IA = IOWA  
KS = KANSAS  
KY = KENTUCKY  
LA = LOUISIANA  
ME = MAINE  
MD = MARYLAND  
MA = MASSACHUSETTS  
MI = MICHIGAN  
MN = MINNESOTA  
MS = MISSISSIPPI  
MO = MISSOURI  
MT = MONTANA



NE = NEBRASKA  
NV = NEVADA  
NH = NEW HAMPSHIRE  
NJ = NEW JERSEY  
NM = NEW MEXICO  
NY = NEW YORK  
NC = NORTH CAROLINA  
ND = NORTH DAKOTA  
OH = OHIO  
OK = OKLAHOMA  
OR = OREGON  
PA = PENNSYLVANIA  
RI = RHODE ISLAND  
SC = SOUTH CAROLINA  
SD = SOUTH DAKOTA  
TN = TENNESSEE  
TX = TEXAS  
UT = UTAH  
VT = VERMONT  
VA = VIRGINIA  
WA = WASHINGTON  
WV = WEST VIRGINIA  
WI = WISCONSIN  
WY = WYOMING  
PR = PUERTO RICO  
GU = GUAM

**Patient's Residential County**

- 1= Box Elder
- 2= Cache
- 3= Rich
- 4= Morgan
- 5= Weber
- 6= Davis
- 7= Salt Lake
- 8= Summit
- 9= Tooele
- 10= Utah
- 11= Wasatch
- 12= Daggett
- 13= Duchesne
- 14= Uintah
- 15= Juab
- 16= Millard
- 18= Sanpete
- 17= Piute
- 19= Sevier
- 20= Wayne
- 21= Carbon
- 22= Emery
- 23= Grand
- 24= San Juan
- 25= Beaver
- 26= Garfield
- 27= Iron
- 28= Kane
- 29= Washington
- 30= Multi-County (used in earlier versions of data set--the category has been eliminated)
- 44= Homeless (word "homeless" or homeless code of ZZZZZ given as address)
- 55= Unknown Utah (unknown city & zip but "Utah" or in address or invalid zip code beginning with 84)
- 77= Outside Utah (but in U.S.A.)
- 88= Unknown (completely missing address information)
- 99= Outside U.S.A. (foreign address)

## Suggested Division of Local Areas

The data analyst might find one of the following three grouping schemes useful for combining data according to patient county of residence:

Definition	County Code (see above)
1. Urban vs. Rural	
Urban Areas	5, 6, 7, 10
Rural Areas	1-4, 8-9, 11-29
Exclude from analysis	30, 44, 55, 77, 88, 99
2. Wasatch Front Area	
Yes	5, 6, 7, 10
No	30, 44, 55, 77, 88, 99
Exclude from analysis	
3. Local Health Districts	
Bear River	1-3
Weber-Morgan	4-5
Davis County	6
Salt Lake County	7
Summit County	8
Tooele County	9
Utah County	10
Wasatch County	11
Uintah Basin (TriCounty)	12-14
Central Utah	15-20
Southeastern Utah	21-24
Southwest Utah	25-29

**Patient's Cross-County Migration Status**

hospital in different county than patient residence

Y = Yes (includes out-of-state, foreign, homeless, out-of-county)

N = No (from same county)

U = Unknown (includes unknown and unknown but Utah residence)

**Principal Diagnosis Code**

The first four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an "implied" decimal point between the 3rd and 4th digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

ICD-9-CM E-Codes and V-Codes might also be found in this field.

The ICD-9-CM diagnosis codes, as well as the E-Codes and V-Codes can be looked up on the Internet at Yaki Technologies' Website [www.eicd.com/eicdmain.htm](http://www.eicd.com/eicdmain.htm) .

**Secondary Diagnosis Code 1 ... Secondary Diagnosis Code 8**

Definition is the same as Principal Diagnosis Code.

**Procedure Code Type**

- 0 = ICD-9-CM codes only were reported by the hospital
- 1 = CPT-4 codes only were reported by the hospital
- 2 = Both ICD-9-CM and CPT-4 codes were reported by the hospital

**Procedure Code 1 as CPT**

The five digits of CPT-4 code, followed by optional numeric or character qualifiers. Refer to *Physicians Procedure Current Terminology* for description.

Blank = Not reported

**Procedure Code 2 as CPT ... Procedure Code 6 as CPT**

Definition same as Procedure Code 1 as CPT.

**Procedure Code 1 as ICD9**

The four digits of ICD-9-CM code. Refer to *International Classification of Diseases (9th Revision): Clinical Modification* for description.

There is an “implied” decimal point between the 2nd and 3rd digit (decimal point is part of ICD-9-CM code but has been stripped out of data).

Blank = Not reported

**Procedure Code 2 as ICD9 ... Procedure Code 6 as ICD9**

Definition same as Procedure Code 1 as ICD9.

**Total Charge**

Total dollars and cents amount charged for the visit (with 2 decimal digits).

blank = Not Reported

**Primary Payer Category**

01 = Medicare  
02 = Medicaid  
03 = Other government  
04 = Blue Cross/Blue Shield  
05 = Other commercial (not BC/BS)  
06 = Managed care  
07 = Self pay  
08 = Industrial and worker's compensation  
09 = Charity/Unclassified  
10 = Unknown  
13 = CHIP (Children's Health Insurance Plan)  
Blank = Not reported

**Secondary Payer Category, Tertiary Payer Category**

Descriptions are the same as primary payer category.

**Discharge Quarter**

1 = First Quarter (January 1 to March 31)  
2 = Second Quarter (April 1 to June 30)  
3 = Third Quarter (July 1 to September 30)  
4 = Fourth Quarter (October 1 to December 31)

**Record ID Number**

A unique number for each visit, which is also unique across all years that ambulatory surgery data are available.

## **First Procedure Category**

Broad category for first procedure.

These categories match the required ambulatory surgical procedure reporting categories, based on procedure code ranges (see page 1). These categories are very broad, and so they may not produce a meaningful summary of the data for many analytic purposes.

- 0 = No match for Procedure Category
- 1 = Musculoskeletal
- 2 = Respiratory
- 3 = Cardiovascular
- 4 = Lymphatic/Hematic
- 5 = Diaphragm
- 6 = Digestive System
- 7 = Urinary
- 8 = Male Genital
- 9 = Laparoscopy
- 10= Female Genital
- 11= Endocrine/Nervous
- 12= Eye
- 13= Ear
- 14= Nose, Mouth, Pharynx
- 15= Mastectomy

## **Second Procedure Category ... Sixth Procedure Category**

Broad category for 2nd through 6th procedures.

Categories are same as first procedure category shown above.

## **First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG**

000 = CODES WHICH ARE NOT USED IN/BY THE APG SYSTEM  
001 = PHOTOCHEMOTHERAPY  
002 = SUPERFICIAL NEEDLE BIOPSY AND ASPIRATION  
003 = COMPLEX INCISION AND DRAINAGE  
004 = SIMPLE INCISION AND DRAINAGE  
005 = NAIL PROCEDURES  
006 = SIMPLE DEBRIDEMENT AND DESTRUCTION  
007 = COMPLEX EXCISION, BIOPSY AND DEBRIDEMENT  
008 = SIMPLE EXCISION AND BIOPSY  
009 = COMPLEX SKIN REPAIRS INCL INTEGUMENT GRAFTS, TRANSFER & REARRANGE  
010 = SIMPLE SKIN REPAIR  
011 = SIMPLE INCISION AND EXCISION OF BREAST  
012 = BREAST RECONSTRUCTION AND MASTECTOMY  
021 = COMPLEX MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT  
022 = SIMPLE MUSCULOSKELETAL PROCEDURES EXCLUDING HAND AND FOOT  
023 = COMPLEX HAND AND FOOT MUSCULOSKELETAL PROCEDURES  
024 = SIMPLE HAND AND FOOT MUSCULOSKELETAL PROCEDURES  
025 = ARTHROSCOPY  
026 = REPLACEMENT OF CAST  
027 = SPLINT, STRAPPING AND CAST REMOVAL  
028 = CLOSED TREATMENT FX & DISLOCATION OF FINGER, TOE & TRUNK  
029 = CLOSED TREATMENT FX & DISLOCATION EXC FINGER, TOE & TRUNK  
030 = OPEN OR PERCUTANEOUS TREATMENT OF FRACTURES  
031 = BONE OR JOINT MANIPULATION UNDER ANESTHESIA  
032 = BUNION PROCEDURES  
033 = ARTHROPLASTY  
034 = HAND AND FOOT TENOTOMY  
035 = ARTHROCENTESIS AND LIGAMENT OR TENDON INJECTION  
051 = PULMONARY TESTS  
052 = NEEDLE AND CATHETER BIOPSY, ASPIRATION, LAVAGE AND INTUBATION  
053 = COMPLEX ENDOSCOPY OF THE UPPER AIRWAY  
054 = SIMPLE ENDOSCOPY OF THE UPPER AIRWAY  
055 = ENDOSCOPY OF THE LOWER AIRWAY  
057 = RESPIRATORY THERAPY  
071 = EXERCISE TOLERANCE TESTS  
072 = ECHOCARDIOGRAPHY  
073 = PHONOCARDIOGRAM  
074 = CARDIAC ELECTROPHYSIOLOGIC TESTS  
075 = PLACEMENT OF TRANSVENOUS CATHETERS  
076 = DIAGNOSTIC CARDIAC CATHETERIZATION  
077 = ANGIOPLASTY AND TRANSCATHETER PROCEDURES  
078 = PACEMAKER INSERTION AND REPLACEMENT  
079 = REMOVAL AND REVISION OF PACEMAKER AND VASCULAR DEVICE  
080 = MINOR VASCULAR REPAIR AND FISTULA CONSTRUCTION  
081 = SECONDARY VARICOSE VEINS AND VASCULAR INJECTION  
082 = VASCULAR LIGATION  
083 = RESUSCITATION AND CARDIOVERSION  
084 = CARDIAC REHABILITATION  
091 = CHEMOTHERAPY BY EXTENDED INFUSION  
092 = CHEMOTHERAPY EXCEPT BY EXTENDED INFUSION  
093 = PHLEBOTOMY  
094 = BLOOD AND BLOOD PRODUCT EXCHANGE



## **First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG**

095 = DEEP LYMPH STRUCTURE AND THYROID PROCEDURES  
096 = ALLERGY TESTS  
097 = TRANSFUSION  
111 = ALIMENTARY TESTS AND SIMPLE TUBE PLACEMENT  
112 = ESOPHAGEAL DILATION WITHOUT ENDOSCOPY  
113 = ANOSCOPY WITH BIOPSY AND DIAGNOSTIC PROCTOSIGMOIDOSCOPY  
114 = PROCTOSIGMOIDOSCOPY WITH EXCISION OR BIOPSY  
115 = DIAGNOSTIC UPPER GI ENDOSCOPY OR INTUBATION  
116 = THERAPEUTIC UPPER GI ENDOSCOPY OR INTUBATION  
117 = LOWER GASTROINTESTINAL ENDOSCOPY  
118 = ERCP AND MISCELLANEOUS GI ENDOSCOPY PROCEDURES  
119 = HERNIA AND HYDROCELE PROCEDURES  
120 = COMPLEX ANAL AND RECTAL PROCEDURES  
121 = SIMPLE ANAL AND RECTAL PROCEDURES  
122 = MISCELLANEOUS ABDOMINAL PROCEDURES  
123 = COMPLEX LAPAROSCOPIC PROCEDURES  
124 = SIMPLE LAPAROSCOPIC PROCEDURES  
131 = RENAL EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY  
132 = SIMPLE URINARY STUDIES AND PROCEDURES  
133 = URINARY CATHETERIZATION AND DILATATION  
134 = COMPLEX CYSTOURETHROSCOPY AND LITHOLAPAXY  
135 = MODERATE CYSTOURETHROSCOPY  
136 = SIMPLE CYSTOURETHROSCOPY  
137 = COMPLEX URETHRAL PROCEDURES  
138 = SIMPLE URETHRAL PROCEDURES  
139 = HEMODIALYSIS  
140 = PERITONEAL DIALYSIS  
151 = TESTICULAR AND EPIDIDYMAL PROCEDURES  
152 = INSERTION OF PENILE PROSTHESIS  
153 = COMPLEX PENILE PROCEDURES  
154 = SIMPLE PENILE PROCEDURES  
155 = PROSTATE NEEDLE AND PUNCH BIOPSY  
171 = ARTIFICIAL FERTILIZATION  
172 = PROCEDURES FOR PREGNANCY AND NEONATAL CARE  
173 = TREATMENT OF SPONTANEOUS ABORTION  
174 = THERAPEUTIC ABORTION  
175 = VAGINAL DELIVERY  
176 = COMPLEX FEMALE REPRODUCTIVE PROCEDURES  
177 = SIMPLE FEMALE REPRODUCTIVE PROCEDURES  
178 = DILATION AND CURETTAGE  
179 = HYSTEROSCOPY  
180 = COLPOSCOPY  
191 = EXTENDED EEG STUDIES  
192 = ELECTROENCEPHALOGRAM  
193 = ELECTROCONVULSIVE THERAPY  
194 = NERVE AND MUSCLE TESTS  
195 = NERVOUS SYSTEM INJECTIONS, STIMULATIONS OR CRANIAL TAP  
196 = REVISION AND REMOVAL OF NEUROLOGICAL DEVICE  
197 = NEUROSTIMULATOR AND VENTRICULAR SHUNT IMPLANTATION  
198 = NERVE REPAIR AND DESTRUCTION  
199 = SPINAL TAP  
211 = MINOR OPHTHALMOLOGICAL TESTS AND PROCEDURES

## **First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG**

212 = FITTING OF CONTACT LENSES  
213 = LASER EYE PROCEDURES  
214 = CATARACT PROCEDURES  
215 = COMPLEX ANTERIOR SEGMENT EYE PROCEDURES  
216 = MODERATE ANTERIOR SEGMENT EYE PROCEDURES  
217 = SIMPLE ANTERIOR SEGMENT EYE PROCEDURES  
218 = COMPLEX POSTERIOR SEGMENT EYE PROCEDURES  
219 = SIMPLE POSTERIOR SEGMENT EYE PROCEDURES  
220 = STRABISMUS AND MUSCLE EYE PROCEDURES  
221 = COMPLEX REPAIR AND PLASTIC PROCEDURES OF EYE  
222 = SIMPLE REPAIR AND PLASTIC PROCEDURES OF EYE  
223 = VITRECTOMY  
231 = COCHLEAR DEVICE IMPLANTATION  
232 = OTORHINOLARYNGOLOGIC FUNCTION TESTS  
233 = NASAL CAUTERIZATION AND PACKING  
234 = COMPLEX FACIAL AND ENT PROCEDURES  
235 = SIMPLE FACIAL AND ENT PROCEDURES  
236 = TONSIL AND ADENOID PROCEDURES  
237 = SIMPLE AUDIOMETRY  
251 = THERAPEUTIC NUCLEAR MEDICINE  
252 = RADIATION THERAPY AND HYPERTHERMIA  
253 = VASCULAR RADIOLOGY EXCEPT FOR VENOGRAPHY OF EXTREMITY  
254 = MYELOGRAPHY  
255 = MISCELLANEOUS RADIOLOGICAL PROCEDURES WITH CONTRAST  
271 = OCCUPATIONAL THERAPY  
272 = PHYSICAL THERAPY  
273 = SPEECH THERAPY  
281 = NEUROPSYCHOLOGICAL TESTING  
282 = FULL DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE  
283 = FULL DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS  
284 = HALF DAY PARTIAL HOSPITALIZATION FOR SUBSTANCE ABUSE  
285 = HALF DAY PARTIAL HOSPITALIZATION FOR MENTAL ILLNESS  
286 = COUNSELING OR INDIVIDUAL BRIEF PSYCHOTHERAPY  
287 = INDIVIDUAL COMPREHENSIVE PSYCHOTHERAPY  
288 = FAMILY PSYCHOTHERAPY  
289 = GROUP PSYCHOTHERAPY  
301 = COMPLEX DIAGNOSTIC NUCLEAR MEDICINE  
302 = INTERMEDIATE DIAGNOSTIC NUCLEAR MEDICINE  
303 = SIMPLE DIAGNOSTIC NUCLEAR MEDICINE  
304 = OBSTETRICAL ULTRASOUND  
305 = DIAGNOSTIC ULTRASOUND EXCEPT OBSTETRICAL  
306 = MAGNETIC RESONANCE IMAGING  
307 = COMPUTERIZED AXIAL TOMOGRAPHY  
308 = MAMMOGRAPHY  
309 = DIGESTIVE RADIOLOGY  
310 = PLAIN FILM  
311 = THERAPEUTIC RADIATION TREATMENT PREPARATION  
321 = ANESTHESIA  
331 = COMPLEX PATHOLOGY  
332 = SIMPLE PATHOLOGY  
333 = PAP SMEARS  
341 = BLOOD AND TISSUE TYPING

## **First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG**

342 = COMPLEX IMMUNOLOGY TESTS  
343 = SIMPLE IMMUNOLOGY TESTS  
344 = COMPLEX MICROBIOLOGY TESTS  
345 = SIMPLE MICROBIOLOGY TESTS  
346 = COMPLEX ENDOCRINOLOGY TESTS  
347 = SIMPLE ENDOCRINOLOGY TESTS  
348 = COMPLEX CHEMISTRY TESTS  
349 = SIMPLE CHEMISTRY TESTS  
350 = BASIC CHEMISTRY TESTS  
351 = MULTICHANNEL CHEMISTRY TESTS  
352 = ORGAN OR DISEASE ORIENTED PANELS  
353 = TOXICOLOGY TESTS  
354 = THERAPEUTIC DRUG MONITORING  
355 = COMPLEX CLOTTING TESTS  
356 = SIMPLE CLOTTING TESTS  
357 = COMPLEX HEMATOLOGY TESTS  
358 = SIMPLE HEMATOLOGY TESTS  
359 = URINALYSIS  
360 = BLOOD AND URINE DIPSTICK TESTS  
371 = SIMPLE PULMONARY FUNCTION TESTS  
372 = INFUSION THERAPY EXCEPT CHEMOTHERAPY  
373 = CARDIOGRAM  
374 = COMPLEX IMMUNIZATION  
375 = MODERATE IMMUNIZATION  
376 = SIMPLE IMMUNIZATION AND ALLERGY IMMUNOTHERAPY  
377 = MINOR REPRODUCTIVE PROCEDURES  
378 = MINOR CARDIAC AND VASCULAR TESTS  
379 = MINOR OPHTHALMOLOGICAL INJECTION, SCRAPING AND TESTS  
380 = PACEMAKER ANALYSIS  
381 = TUBE CHANGE  
382 = PROVISION OF VISION AIDS  
383 = INTRODUCTION OF NEEDLE AND CATHETER  
384 = DRESSINGS AND OTHER MINOR PROCEDURES  
385 = OTHER MISCELLANEOUS ANCILLARY PROCEDURES  
386 = BIOFEEDBACK AND OTHER TRAINING  
391 = CLASS ONE CHEMOTHERAPY DRUGS  
392 = CLASS TWO CHEMOTHERAPY DRUGS  
393 = CLASS THREE CHEMOTHERAPY DRUGS  
394 = CLASS FOUR CHEMOTHERAPY DRUGS  
395 = CLASS FIVE CHEMOTHERAPY DRUGS  
411 = PSYCHOTROPIC MEDICATION MANAGEMENT  
412 = ACTIVITY THERAPY  
421 = INCIDENTAL TO MEDICAL, SIGNIFICANT PROCEDURE OR THERAPY VISIT  
422 = MEDICAL VISIT INDICATOR  
431 = HEMATOLOGICAL MALIGNANCY  
432 = PROSTATIC MALIGNANCY  
433 = LUNG MALIGNANCY  
434 = BREAST MALIGNANCIES  
435 = GI MALIGNANCIES  
436 = SKIN MALIGNANCY  
437 = OTHER MALIGNANCIES  
451 = POISONING

## **First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG**

461 = HEAD AND SPINE INJURY  
462 = MINOR SKIN AND SOFT TISSUE INJURIES EXCEPT BURNS  
463 = SKIN AND SOFT TISSUE INJURIES EXCEPT BURNS  
464 = FRACTURE, DISLOCATION AND SPRAIN  
465 = BURNS  
466 = OTHER INJURIES  
481 = NEONATE AND CONGENITAL ANOMALY  
491 = ROUTINE PRENATAL CARE  
492 = MATERNAL ANTEPARTUM COMPLICATION  
493 = ROUTINE POSTPARTUM CARE  
494 = MATERNAL POSTPARTUM COMPLICATION  
501 = COMPLEX INFECTIOUS DISEASE  
502 = MISCELLANEOUS INFECTIOUS DISEASES  
503 = INFECTIOUS DISEASES OF GENITAL ORGANS  
511 = TIA, CVA AND OTHER CEREBROVASCULAR EVENTS  
512 = HEADACHE  
513 = EPILEPSY  
514 = NON TRAUMATIC LOSS OF CONSCIOUSNESS  
515 = OTHER DISEASES OF THE NERVOUS SYSTEM  
531 = CATARACTS  
532 = REFRACTION DISORDER  
533 = CONJUNCTIVITIS AND OTHER SIMPLE EXTERNAL EYE INFLAMMATION  
534 = EYE DISEASES EXCEPT CATARACT, REFRACTION DISORDER & CONJUNCTIVITIS  
541 = DENTAL DISEASE  
542 = INFLUENZA, URI AND ENT INFECTIONS  
543 = HEARING LOSS  
544 = OTHER COMPLEX EAR, NOSE, THROAT AND MOUTH DISEASES  
545 = OTHER SIMPLE EAR, NOSE, THROAT AND MOUTH DISEASES  
561 = EMPHYSEMA, CHRONIC BRONCHITIS, AND ASTHMA  
562 = PNEUMONIA  
563 = COMPLEX RESPIRATORY DIS EXC EMPHYSEMA, CHR BRONCHITIS & ASTHMA  
564 = SIMPLE RESPIRATORY DIS EXC EMPHYSEMA, CHR BRONCHITIS & ASTHMA  
571 = CONGESTIVE HEART FAILURE AND ISCHEMIC HEART DISEASE  
572 = HYPERTENSION  
573 = CHEST PAIN W CARDIAC ENZYMES TO RULE OUT MYOCARDIAL INFARCT  
574 = CHEST PAIN WO CARDIAC ENZYMES TO RULE OUT MYOCARDIAL INFARCT  
575 = SIMPLE CARDIOVASCULAR DIS EXC CHF, ISCHEMIC HEART DIS & HYPERTN  
576 = COMPLEX CARDIOVASCULAR DIS EXC CHF, ISCHEMIC HEART DIS & HYPERTN  
591 = NONINFECTIOUS GASTROENTERITIS  
592 = ULCERS, GASTRITIS AND ESOPHAGITIS  
593 = HEPATOBILIARY DISEASE  
594 = HERNIA  
595 = HEMORRHOIDS AND OTHER ANAL-RECTAL DISEASES  
596 = OTHER COMPLEX GASTROINTESTINAL DISEASES  
597 = OTHER SIMPLE GASTROINTESTINAL DISEASES  
611 = MAJOR SIGNS, SYMPTOMS AND FINDINGS  
621 = BACK DISORDERS  
622 = COMPLEX MUSCULOSKELETAL DISEASES EXCEPT BACK DISORDERS  
623 = SIMPLE MUSCULOSKELETAL DISEASES EXCEPT BACK DISORDERS  
631 = DISEASE OF NAILS  
632 = CHRONIC SKIN ULCER  
633 = CELLULITIS, IMPETIGO AND LYMPHANGITIS

## **First Procedure APG (3M Ambulatory Patient Group) ... Sixth Procedure APG**

634 = BREAST DISEASES  
635 = SKIN DISEASES  
651 = DIABETES  
652 = COMPLEX ENDOCRINE, NUTRIT & METABOLIC DIS EXC DIABETES & OBESITY  
653 = SIMPLE ENDOCRINE, NUTRITIONAL & METABOLIC DISEASE EXC DIABETES  
654 = FLUID AND ELECTROLYTE DISORDERS  
661 = URINARY TRACT INFECTION  
662 = RENAL FAILURE  
663 = COMPLEX URINARY DIS EXC URINARY TRACT INFECTN & RENAL FAILURE  
664 = SIMPLE URINARY DIS EXC URINARY TRACT INFECTN & RENAL FAILURE  
671 = BENIGN PROSTATIC HYPERTROPHY  
672 = MALE REPRODUCTIVE DISEASES EXCEPT BENIGN PROSTATIC HYPERTROPHY  
681 = GYNECOLOGIC DISEASES  
691 = HIV INFECTION  
692 = ANEMIA  
693 = OTHER COMPLEX IMMUNOLOGIC AND HEMATOLOGIC DISEASE  
694 = OTHER SIMPLE IMMUNOLOGIC AND HEMATOLOGIC DISEASE  
701 = ADULT MEDICAL EXAMINATION  
702 = WELL CHILD CARE  
703 = CONTRACEPTION AND PROCREATIVE MANAGEMENT  
704 = AFTERCARE  
705 = NONSPECIFIC SIGNS & SYMPTOMS & OTH CONTACTS W HEALTH SVCS  
721 = UNKNOWN CAUSE OF MORTALITY  
992 = INVALID PROCEDURE CODE  
993 = INPATIENT PROCEDURE  
994 = AUTOPSY SERVICES  
995 = NON COVERED CARE SETTINGS AND SERVICES  
996 = INVALID RVDX CODE  
997 = ECODE CANNOT BE USED AS RVDX  
998 = UNACCEPTABLE RVDX, REQUIRES PROCEDURE  
999 = UNGROUPABLE

### **First Procedure APG Type ... Sixth Procedure APG Type**

01 = SIGNIFICANT PROCEDURE  
02 = ANCILLARY PROCEDURE  
03 = INCIDENTAL PROCEDURE  
04 = MEDICAL VISIT INDICATOR  
05 = MENTAL ILLNESS/SUB ABUSE THERAPY  
06 = MENTAL ILLNESS/SUB ABUSE COUNSELING  
07 = NOT VALID USED IN MAPGTYPE  
08 = ALPHANUMERIC CPT WITH NO APG  
09 = ERROR PAPG  
10 = BATCH BILL APG  
11 = STATE SPECIFIC APG ASSIGNED  
12 = PERCENT OF CHARGE APG

### **First Procedure APG Category ... Sixth Procedure APG Category**

01 = INTEGUMENTARY SYSTEM  
02 = MUSCULOSKELETAL SYSTEM  
03 = RESPIRATORY SYSTEM  
04 = CARDIOVASCULAR SYSTEM  
05 = HEMATOLOGIC, LYMPHATIC, AND ENDOCRINE  
06 = DIGESTIVE SYSTEM  
07 = URINARY SYSTEM  
08 = MALE GENITAL SYSTEM  
09 = FEMALE GENITAL SYSTEM  
10 = NERVOUS SYSTEM  
11 = EYE AND OCULAR ADNEXA  
12 = FACIAL, EAR, NOSE, MOUTH AND THROAT  
13 = THERAPEUTIC AND OTHER RADIOLOGICAL PROCEDURES  
14 = PHYSICAL MEDICINE AND REHABILITATION  
15 = MENTAL ILLNESS AND OTHER SUBSTANCE ABUSE THERAPIES  
16 = RADIOLOGY  
17 = ANESTHESIA  
18 = PATHOLOGY  
19 = LABORATORY  
20 = OTHER ANCILLARY TESTS AND PROCEDURES  
21 = CHEMOTHERAPY DRUGS  
22 = ANCILLARY MENTAL ILLNESS AND SUBSTANCE ABUSE SERVICES  
23 = INCIDENTAL PROCEDURES AND SERVICES  
46 = ERRORS

# APPENDIX A

## UTAH HOSPITALS WITH AMBULATORY SURGICAL FACILITIES AND FREE-STANDING AMBULATORY SURGICAL CENTERS PROFILE

### FACILITY CHARACTERISTICS: 2005

ID <sup>1</sup>	FACILITY NAME	OWN	AFFILIATION	COUNTY	CITY	U/R <sup>3</sup>	TEACH <sup>4</sup>	BEDS
111	Allen Memorial Hospital	G	Rural Health Mgmt	Grand	Moab	R	N	25
118	Alta View Hospital	N	IHC, Inc.	Salt Lake	Sandy	U	N	80
136	American Fork Hospital	N	IHC, Inc.	Utah	American Fork	U	N	76
134	Ashley Valley Medical Center	I	LifePoint Hospitals, Inc.	Uintah	Vernal	R	N	39
104	Bear River Valley Hospital	N	IHC, Inc.	Box Elder	Tremonton	R	N	14
101	Beaver Valley Hospital	G	Freestanding	Beaver	Beaver	R	N	49
103	Brigham City Community Hospital	I	MountainStar Healthcare	Box Elder	Brigham City	R	N	49
145	Cache Valley Specialty Hospital	I	National Surgical Hospital	Cache	North Logan	R	N	22
106	Castleview Hospital	I	LifePoint Hospitals, Inc.	Carbon	Price	R	N	84
401	Central Utah Surgical Center	I	Nueterra	Utah	Provo	U	N	5
113	Central Valley Medical Center	N	Rural Health Mgmt	Juab	Nephi	R	N	19
423	Coral Desert Surgery Center	I	Nueterra	Washington	St. George	R	N	5
119	Cottonwood Hospital Medical Center	N	IHC, Inc.	Salt Lake	Murray	U	N	213
415	Davis Surgical Center	I	Freestanding	Davis	Layton	U	N	4
108	Davis Hospital & Medical Center	I	IASIS Health Care	Davis	Layton	U	N	136
116	Delta Community Medical Center	N	IHC, Inc.	Millard	Delta	R	N	20
140	Dixie Regional Medical Center	N	IHC, Inc.	Washington	St. George	R	N	132
115	Fillmore Community Medical Center	N	IHC, Inc.	Millard	Fillmore	R	N	20
110	Garfield Memorial Hospital	N	IHC, Inc.	Garfield	Panguitch	R	N	44
129	Gunnison Valley Hospital	G	Rural Health Mgmt	Sanpete	Gunnison	R	N	26
418	HealthSouth Park City Surg Ctr	I	HealthSouth	Summit	Park City	R	N	2



ID <sup>1</sup>	FACILITY NAME	OWN <sup>2</sup>	AFFILIATION	COUNTY	CITY	U/R <sup>3</sup>	TEACH <sup>4</sup>	BEDS
405	HealthSouth Provo Surgical Center	I	HealthSouth	Utah	Provo	U	Y	5
407	HealthSouth Salt Lake Surg Ctr	I	HealthSouth	Salt Lake	Salt Lake City	U	N	7
139	Heber Valley Medical Center	N	IHC, Inc.	Wasatch	Heber	R	N	19
403	Intermountain Surgical Center	N	IHC, Inc.	Salt Lake	Salt Lake City	U	N	4
117	Jordan Valley Hospital	I	IASIS Health Care	Salt Lake	West Jordan	U	N	92
114	Kane County Hospital	G	Freestanding	Kane	Kanab	R	N	38
107	Lakeview Hospital	I	MountainStar Healthcare	Davis	Bountiful	U	N	128
121	LDS Hospital	N	IHC, Inc.	Salt Lake	Salt Lake City	U	Y	520
105	Logan Regional Hospital	N	IHC, Inc.	Cache	Logan	R	N	147
412	Madsen Surgery Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	2
141	McKay-Dee Hospital Center	N	IHC, Inc.	Weber	Ogden	U	Y	277
404	McKay-Dee Surgical Center	N	IHC, Inc.	Weber	Ogden	U	Y	6
102	Milford Valley Memorial Hospital	G	Rural Health Mgmt	Beaver	Milford	R	N	25
416	Moran Eye Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	10
414	Mount Ogden Surgical Center	I	Freestanding	Weber	Ogden	U	Y	2
137	Mountain View Hospital	I	MountainStar Healthcare	Utah	Payson	U	N	116
133	Mountain West Medical Center	G	Community Health System	Tooele	Tooele	R	N	35
424	Mountain West Surgical Center	I	Nueterra	Davis	Bountiful	U	N	4
419	Northern Utah Endoscopy Center	I	Nueterra	Cache	Logan	R	N	2
142	Ogden Regional Medical Center	I	MountainStar Healthcare	Weber	Ogden	U	N	227
135	Orem Community Hospital	N	IHC, Inc.	Utah	Orem	U	N	20
126	Pioneer Valley Hospital	I	IASIS Health Care	Salt Lake	West Valley	U	Y	139
122	Primary Children's Medical Center	N	IHC, Inc.	Salt Lake	Salt Lake City	U	N	233
420	Ridgeline Endoscopy Center	I	Freestanding	Weber	Ogden	U	N	2

ID <sup>1</sup>	FACILITY NAME	OWN	AFFILIATION	COUNTY	CITY	U/R <sup>3</sup>	TEACH <sup>4</sup>	BEDS
40	Salt Lake Endoscopy Center	I	Freestanding	Salt Lake	Salt Lake City	U	N	2
120	Salt Lake Regional Medical Center	I	IASIS Health Care	Salt Lake	Salt Lake City	U	Y	200
128	San Juan Hospital	G	Managed	San Juan	Monticello	R	N	33
130	Sanpete Valley Hospital	N	IHC, Inc.	Sanpete	Mt. Pleasant	R	N	18
132	Sevier Valley Hospital	N	IHC, Inc.	Sevier	Richfield	R	N	42
417	South Towne Surgery Center	I	Freestanding	Salt Lake	Sandy	U	N	4
408	St. George Surgical Center	I	Freestanding	Washington	St. George	R	N	4
124	St. Mark's Hospital	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	294
409	St. Mark's Outpatient Surgical Cntr	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	4
410	SurgiCare Center of Utah	I	Freestanding	Salt Lake	Salt Lake City	U	N	4
307	The Orthopedic Specialty Hospital	N	IHC, Inc.	Salt Lake	Salt Lake City	U	N	14
144	Timpanogos Regional Hospital	I	MountainStar Healthcare	Utah	Orem	U	N	47
109	Uintah Basin Medical Center	G	Freestanding	Duchesne	Roosevelt	R	N	42
310	University Huntsman Cancer Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
125	University of Utah Hospital	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	443
309	University of Utah Orthopaedic Center	G	University Healthcare	Salt Lake	Salt Lake City	U	Y	NA
422	Utah Surgical Center	I	Nueterra	Salt Lake	West Valley	U	N	4
138	Utah Valley Regional Medical Center	N	IHC, Inc.	Utah	Provo	U	N	395
112	Valley View Medical Center	N	IHC, Inc.	Iron	Cedar City	R	N	42
411	Wasatch Endoscopy Center	I	MountainStar Healthcare	Salt Lake	Salt Lake City	U	Y	3
421	Zion Eye Institute	I	Freestanding	Washington	St. George	R	N	2

<sup>1</sup>Facility ID number. See page 10 for facility list in numerical order.

<sup>2</sup>Owner category: G=Government, N=Not for Profit, I=Investor-Owned.

<sup>3</sup>Urban or Rural location of facility.

<sup>4</sup>Teaching facility (Yes or No).

**Note:** The facilities with addresses, phone numbers, and number of beds in the above list, can be obtained as a “cut and paste” document from the website <http://health.utah.gov/hda/usersupport.htm> \_ and click on “List of data providers”.

An alternative source for a list of Utah hospitals and ambulatory surgery centers is the Utah Department of Health Website, <http://health.utah.gov/hflcra> and click on “Facility Info”.

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